

**To be used for changes to registrations and terminations.**

Print in ink or type.  
Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.  
This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

Postmark Date: 12/16/04

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ETHICS ADMINISTRATION  
CAMPAIGN FINANCE  
RECEIVED

1. NAME Wilmer Larry D.  
Last First MI

2. BUSINESS PHONE (318) 564-5928

3. BUSINESS ADDRESS 2505 Highway # 1187 Mansura La. 71350

Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

MAILING ADDRESS 2505 Highway # 1187 Mansura La. 71350

Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. EMPLOYER LOUISIANA SCHOOL BUS OPERATORS ASSOCIATION

5. EMPLOYER'S ADDRESS Post Office, Box 339 Hessmer La. 71341

Street and No.	City	State	Zip
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6. Have you ceased or terminated all lobbying activities requiring registration? Yes ☒ No ☐

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Louisiana School Bus Operators Association

Address Post Office, Box 339

**Business or purpose** TRANSPORTATION OF STUDENTS

☐ New Representation

Does this person pay you?

If No, who pays you? \_\_\_\_\_

☒ Terminated Representation as of December 1, 2004

## SUPPLEMENTAL REGISTRATION FORM



2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

### CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Larry Wilmer